

3rd Quarter 2002

July 1, 2002 - September 30, 2002 (Delinquent and Penalty due if received after October 30, 2002)

(Please submit a separate form for each company.)

Company Name and Address:		Parent Company or Group Name and Address:		
NAIC# F	EIN#	NAIC#	FEIN#	
If there has been a name or ow 24 months please indicate prev				
Date this form will be se	nt:	NAIC#	FEIN#	
THE DATE ABOVE MUST BE	ENTERED IN ORDER FOR AMO	OUNTS TO CALCULA	TE CORRECTLY.	
1. New or renewed gross prem	iums for policies with 2002 incept	ion dates	\$	
Returned or refunded premi	on dates	- \$		
		Net	Premium = \$	
a. Multiply by 2002 Surchar	ge Assessment (2.5%)		=	
New, renewal or additional of	ross premiums for policies with 2	001 inception dates	\$	
Returned or refunded premiums for policies with 2001 inception dates			- \$	
·	·		Premium = \$	
b. Multiply by 2001 Surchar	ge Assessment (2.5%)		=	
Additional gross premiums of	collected for policies with 2000 and	d prior inception dates	\$	
Returned or refunded premi	ums for policies with 2000 and pri	or inception dates	- \$	
		Net	Premium = \$	
c. Multiply by 2000 Surchar	ge Assessment (3.0%)		=	
2. Total lines 1a, b, & c = Total Missouri Second Injury Fund Surcharge Due:				
3. If received by the Division	after October 30, 2002, the pay	ment is delinquent. C	Continue completing this	s form.
a. Enter amount shown in Item 2 (Total lines a, b, & c)			\$	
b. Late penalty, which is the Surcharge Assessment Subtotal x 0.5%			+ \$	
c. Interest, which is the Sur	charge Assessment Subtotal 🤇			
	(number of months or any	fraction of a month de	linquent) + \$	
4. Add lines 3a, b, & c = Total	Missouri Second Injury Fund S	urcharge w/ Penalty	& Interest Due:	
Name of naroan completing forms	E-mail Addres	no r	Phone Number	Data
Name of person completing form I hereby certify that this application the best of my knowledge and belief	contains no willful misrepresentation			Date ue and complete to
Signature - Pres./Exec. Officer	Printed Name	e	Title	Date

Mail one copy of this form and a check made payable to:
Missouri Department of Revenue, P.O. Box 898, Jefferson City, MO 65105-0898

(Mail this copy even if no money is due at this time.)

Mail one copy of this form and a copy of your check to:

Missouri Division of Workers' Compensation, Attn: Second Injury Fund, P.O. Box 58, Jefferson City, MO 65102-0058

(Mail this copy even if no money is due at this time.)